

## EXHIBIT E – PART 6

**SEA STAR LINE, LLC**

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)  
PO BOX 2002 MD0477

CATANO, P.R 00982

TAX BOND NO.

BL NO.

Date:

SJUELY257PEV019

EXPORT REFERENCES

RV# 80544

BOOKING NUMBER

MG04877

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA58831)  
3205 MERIDIAN PARKWAY

WESTON, FL 33331

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FFEIGHT BROKER LLC

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

MANUEL FERNANDEZ ()  
PHONE# 954-349-0988

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER  
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO FLAG  
EL YUNQUE 257 N UNITED STATESPORT OF LOADING  
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE  
PORT EVERGLADES, FL.PLACE OF DELIVERY  
WESTON, FLFINAL DESTINATION OF GOODS (NOT VESSEL)  
WESTON, FL

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
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UNIT NO: STRU4900370 1 45HC  
SEAL 1: 002201STC:  
1,873 CS MEDICAL SUPPLIES

25,803

APPT: 5/6/02  
AT: 9:00 A.M.

TR/DR

TIR# 91371

RIFF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/ BY:
C FRT NORTHBOUND	1 625.00	625.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03830) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554
UNKER SURCHARGE	1 125.00	125.00	
T AUTH FEE	1 10.00	10.00	
TOTAL CHARGES: 760.00			

## SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

Carrier's 6000 limitation of liability per combined shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side of this bill of lading (A) or (B) below.

Ad Valorem - If Shipper declares a value in this space provided, Carrier's 6000 limitation per combined will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper must declare the interest cargo insurance at the applicable rate charged by Carrier.

No Insured Value \$

RECEIVING THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED, CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

Not to Clause 14 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the document, the carrier shall sign the following note: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of

P.02/28 50472243009

02/07/2007 10:00

**SEA STAR LINE, LLC**

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 MD0477 CATANO, P.R. 00982		TAX BOND NO.	BL NO. SJUELY257JAX020	Date:
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		EXPORT REFERENCES RV# 80643		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ATTN: KAY UTTER () PHONE: 847-578-5821 DELIVER: 5/07/02 AT (8:00AM)		BOOKING NUMBER MG04870		SHIPPER REFERENCE NO.
PIER SAN JUAN, PR		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC.		
VESSEL VOY. NO EL YUNQUE 257 N		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
FLAG UNITED STATES				
PORT OF LOADING SAN JUAN, PR		POINT AND COUNTRY OF ORIGIN		
PORT OF DISCHARGE JACKSONVILLE, FL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL		
PLACE OF RECEIPT				
PLACE OF DELIVERY WAUKEGAN, IL				

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
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UNIT NO: STRU4550795 SEAL 1: 002207	1	45HC STC: 42 PALLETS 1,985 PIECES MEDICAL DEVICES RV#80643 TR/DOR TIR# 089459	19,988	
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RIFF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
C FRT NORTHBOUND	1 1,250.00	1,250.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554
JNKR SURCHARGE	1 125.00	125.00	
TAUTH FEE	1 10.00	10.00	
TOTAL CHARGES: 1,385.00			

## SHIPPER LOAD AND COUNT

## FREIGHT COLLECT

## COPY NON-NEGOTIABLE

Carrier's 8400 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's Insured cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

All Valuations - If Shipper declares a value in this space provided, Carrier's 8400 limitation per container will not apply and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's Insured cargo insurance at the applicable rates charged by Carrier.

[ ] No Insured Value \$

Not to Clause 23 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignee, the consignee shall sign the following note: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of Consignee

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY SEA STAR LINE, LLC

02/02/02 0000000000



## HOST FAX BILL OF LADING

 FOR INTERMODAL TRANSPORT ☒  
 FOR PORT TO PORT SHIPMENT ☐

Check One Box

PLEASE  
REMIT  
TO

SEA STAR

100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

## SHIPPER/EXPORTER (COMPLETE NAME &amp; ADDRESS)

 BAXTER HEALTHCARE CORP  
 RD 5 KM 27 4 EXT  
 EXPRESO DE DIEGO BO PALMAS  
 CATANO PR

 SHIPPER NO.  
 B01554535  
 CREDIT NO.

 ZIP CODE  
 00962

 CONSIGNEE NO.  
 B01554497

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

 BOOKING NUMBER  
 MA565N-0550

BILL TO: D10072 DJ -DJW

 BAXTER HEALTHCARE CORP  
 C/O SCHNEIDER LOGISTICS  
 PO BOX 2000  
 SUGAR GROVE IL 60554

EXPORT REFERENCES

## CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

 BAXTER HEALTHCARE CORP  
 ONTARIO DC (REL) C/O ALLEGIANCE  
 4551 E PHILADELPHIA STREET  
 ONTARIO CA 91761

## NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

 UPON ARRIVAL PLEASE CONTACT  
 P COBIAN / LUIS VEGA  
 TEL : 787-276-3013

NOTIFY PTY. NO.

RV60642

FORWARDING AGENT - REFERENCES

FMG NO.

## ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

MAYAGUEZ

565N

SAN JUAN

VESSEL TERMINAL

PUERTO NUEVO

PORT OF DISCHARGE

DESTINATION - INTERMODAL

JACKSONVILLE

ONTARIO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES ☐ NO

## CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NO OF PACKAGES

HM

MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS NOT PART OF B/L

GROSS WEIGHT (Kilos)

MEASUREMENTS

 NPRU655421-0  
 1X45HV  
 S/ 026059

 1780  
 PCS

MEDICAL SUPPLIES

 19322.0  
 LB

 0.00  
 CF

 009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175) 679 PCS  
 010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100) 169  
 011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMF 59380-6 CLS 55) 666  
 020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60) 80  
 031 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 2#/CF L/T 4#/CF (NMF 156600-3 CL 250) 66  
 088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR, IN BXS/CRATE/PKGS 2311/2432 (NMF 20480-1 CL 150) 60

 TOTAL NUMBER OF PACKAGES  
 IMPORTANT: See Clause 6

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

TERMS: > ☐ PREPAID ☒ COLLECTBILL TO: > ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE ☐ NOTIFY PARTY ☒ OTHERINSURANCE (See Tariff Reg.) YES ☐

OCEAN FREIGHT &amp; ACCESSORIAL CHARGES

PREPAID

COLLECT

values \$ Premium \$

DECLARED VALUE OVER \$500

in pkg. or unit \$ Extra Charge \$

(CFIVT) for shipment, in external apparent good condition on arrival, containers, other packages or units listed in the "Carrier's Receipt", d by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are a part of s B/L contract. The Carrier makes representation regarding contents, weight or measurement.

NOTICE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

R, INC. ON BEHALF OF THE MASTER

I OFF LADING NO

NAVA

DATE

380-5647355

04/30/02

☐ N/B PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

PAGE: 001 OF 002

FORM # NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 2



## HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT  
FOR PORT TO PORT SHIPMENTPLEASE  
REMIT  
TO☒ Check One Box

SEA STAR

100 BELL TEL WAY SUTIE 300  
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PRSHIPPER NO.  
B01554535

CREDIT NO.

ZIP CODE

00962

CONSIGNEE NO.

B01554570

BOOKING NUMBER

MA565N-0570

EXPORT DEC.

BILL TO:

D10072

JL -JLM

CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

KC KANSAS CITY DC REL  
C/O ALLEGIANCE  
11300 GLENWOOD ST  
OVERLAND PARK KS 66211BAXTER HEALTHCARE CORP  
C/O SCHNEIDER LOGISTICS  
PO BOX 2000  
SUGAR GROVE IL 60554

EXPORT REFERENCES

RV80641

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBIAN/LUIS VEGA ON ARRIVAL  
787-275-3013

NOTIFY PTY. NO.

FORWARDING AGENT - REFERENCES

N/A

FMC NO.

0000-FF

NOMINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

MAYAGUEZ

FLAG

565N

PORT OF LOADING

SAN JUAN

PORT OF DISCHARGE

JACKSONVILLE

DESTINATION INTERMODAL

OVERLAND PARK

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES☐ NO

CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NPRU655501-1

1X45HV

S/ 026052

NO OF PACKAGES

1698

PCS

HM

MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kilos)

17727.0

LB

MEASUREMENTS

0.00

CF

ORDERS: 52556300AA, 52556301AA, 3122, 830749360

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS

5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

140 PCS

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS

5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

893 PCS

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS

BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

511 PCS

020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN

BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)

37 PCS

031 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 2#/CF

L/T 4#/CF (NMF 156600-3 CL 250)

1 PCS

155 DRUGS, CHEMICALS, MEDICINES &amp; OTHER ARTICLES, RVNX

80 PCS

TAL NUMBER OF UNITS

IMPORTANT: See Clause 6

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

BILL TO: ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE ☐ NOTIFY PARTY ☒ OTHERRMS: ☐ PREPAID ☒ COLLECT

OCEAN FREIGHT &amp; ACCESSORIAL CHARGES

PREPAID

COLLECT

INSURANCE (See Tariff Reg.) YES ☐ NO ☒

Fees \$ ..... Premium \$ .....

DECLARED VALUE OVER \$500

pkg. or unit \$ ..... Extra Charge \$ .....

IF VENDOR for shipment, in external apparent good condition and condition, containers, other packages or units listed in the "Carrier's Receipt", by the Shipper to contain the goods described in "Particulars Issued by Shipper", which Particulars, including weight and measurement, have been verified by the Carrier and are part of B/L contract. The Carrier makes presentation regarding contents, weight or measurement.

PLEASE BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS ORIGINAL INLAND/OCEAN BILL OF LADING.

, INC. ON BEHALF OF THE MASTER

OFF LADING NO

NAVA

DATE:

380-5647952

04/30/02

☐ N/B PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

AGE: 001 OF 002

IM # NPR, INC. - 1897

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 9

**SEA STAR LINE, LLC**

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)  
PO BOX 2002 M00477

CATANO, P.R 00962

TAX BOND NO.

BL NO.

Date:

SJUELY257PEV020

EXPORT REFERENCES

RV# 80640

BOOKING NUMBER

MG04877

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA56831)  
3205 MERIDIAN PARKWAY

WESTON, FL 33331

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

MANUEL FERNANDEZ ()  
PHONE# 954-349-9988

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER  
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO. FLAG  
EL YUNQUE 257 N UNITED STATESPORT OF LOADING  
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE  
PORT EVERGLADES, FLPLACE OF DELIVERY  
WESTON, FLFINAL DESTINATION OF GOODS (NOT VESSEL)  
WESTON, FL

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
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UNIT NO: STRU4550100 1 45HC

SEAL 1: 2262

STC:  
1,457 CS MEDICAL SUPPLIES

11,032

APPT: 6/6/02  
AT: 9:00 A.M.

TR/DR

TIR# 109145

ARIFF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
C FRT NORTHBOUND	1 825.00	825.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554
UNKER SURCHARGE	1 125.00	125.00	
T AUTH FEE	1 10.00	10.00	
TOTAL CHARGES: 760.00			

## SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

\* Carrier's liability limitation of liability per container shall apply, unless Carrier's agent provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side of this Bill of Lading.

1. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rate charged by Carrier.

2. No Insured Value \$

not to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse to the assignee, the assignee shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED \_\_\_\_\_ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

90472243009 P. 03/28

JUL 20 2007 10:24





**HOST FAX BILL OF LADING**  
 FOR INTERMODAL TRANSPORT ☒ Check One Box  
 FOR PORT TO PORT SHIPMENT ☐

**SEA STAR**  
 100 BELL TEL WAY SUITE 300  
 JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS) <b>BAXTER HEALTHCARE CORP</b> <b>RD 5 KM 27 4 EXT</b> <b>EXPRESO DE DIEGO BO PALMAS</b> <b>CATANO</b> <b>PR</b>		SHIPPER NO. <b>B01554535</b>	BOOKING NUMBER <b>MA565N-0550</b>	EXPORT DEC.
ONSIGNEE (COMPLETE NAME & ADDRESS) <b>ONTARIO DC</b> <b>C-O ALLEGIANCE</b> <b>4551 E PHILADELPHIA ST</b> <b>ONTARIO</b> <b>CA 91761</b>		CREDIT NO.	BILL TO: <b>D10072</b> <b>DJ -DJW</b>	
NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS) <b>P COBIAN / LUIS VEGA</b> <b>787-276-3013</b>		ZIP CODE <b>00962</b>	CONSIGNEE NO. <b>B01554544</b>	
		EXPORT REFERENCES <b>RV80639</b>		
		FORWARDING AGENT - REFERENCES		
		FMC NO.		

ORIGINATING CARRIER - INTERMODAL	PLACE OF ORIGIN - INTERMODAL <b>SAN JUAN</b>	CITY, STATE AND COUNTRY OF ORIGIN <b>CATANO, PR CAR</b>
VESSEL (SEE CL. 2) VOYAGE NO. <b>MAYAGUEZ</b> <b>565N</b>	PORT OF LOADING <b>SAN JUAN</b>	VESSEL TERMINAL <b>PUERTO NUEVO</b>
PORT OF DISCHARGE <b>JACKSONVILLE</b>	DESTINATION INTERMODAL <b>ONTARIO</b>	ROUTING FROM DISCHARGE TERMINAL
		CONTAINERIZED (Vessel Only) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

<b>CARRIER'S RECEIPT</b>		PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF		
CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK) <b>NPRU655169-6</b> <b>1X45HV</b> <b>S/ 26058</b>	NO. OF PACKAGES <b>1481</b> <b>PKG</b>	MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L <b>MEDICAL SUPPLIES</b>	GROSS WEIGHT (Kiloo) <b>19439.0</b> <b>LB</b>	MEASUREMENTS <b>0.00</b> <b>CF</b>
009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)			<b>89</b>	<b>PCS</b>
010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)			<b>280</b>	<b>PCS</b>
011 SOLUTIONS, E.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)			<b>1112</b>	<b>PCS</b>

TOTAL NUMBER OF PKGS OR UNITS  
 IMPORTANT: See Clause 6

TERMS: <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT	BILL TO: <input type="checkbox"/> SHIPPER <input type="checkbox"/> FORWARDER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> NOTIFY PARTY <input checked="" type="checkbox"/> OTHER	
SURANCE (See Tariff Reg.) YES <input type="checkbox"/>	OCEAN FREIGHT & ACCESSORIAL CHARGES	
Values \$ ..... Premium \$ .....	PREPAID	COLLECT
DECLARED VALUE OVER \$500		
1 pkg. or unit \$ ..... Extra Charge \$ .....		
<p>NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN NATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.</p>		

1, INC. ON BEHALF OF THE MASTER

OF LADING NO <b>NAVA</b> <b>380-5647941</b>	DATE: <b>01/30/02</b>	<input type="checkbox"/> NB PICKUP	<b>E Transport</b> Authorized	TOTAL CHARGES >
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PAGE: 001 OF 001  
 RM # NPR, INC. - 1987

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 8

**SEA STAR LINE, LLC**

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R. 00962		TAX BOND NO.	BL NO. SJUELY257JAX021	Date:
		EXPORT REFERENCES RV# 80838		
		BOOKING NUMBER MG04870	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60065		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FR FREIGHT BROKER LLC		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ATTN: KAY UTTER () PHONE: 847-578-5921 DELIVER: 5/07/02 AT (6:00AM)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR	PLACE OF RECEIPT			
VESSEL EL YUNQUE	VOY. NO. 257	FLAG N	UNITED STATES	PORT OF LOADING SAN JUAN, PR
POINT AND COUNTRY OF ORIGIN				
PORT OF DISCHARGE JACKSONVILLE, FL	PLACE OF DELIVERY WAUKEGAN, IL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL	
PARTICULARS FURNISHED BY SHIPPER				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT MEASUREMENT

UNIT NO: NPRU8550426 1 46HC  
 SEAL 1: 002218  
 TIR# 098914

STC: 44 PALLET  
 2,100 PIECES  
 MEDICAL DEVICES  
 RV#80638  
 \*\*  
 TR/DR

19,537

RIFF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
C FRT NORTHBOUND	1	1,250.00	1,250.00
JNKR SURCHARGE	1	125.00	125.00
T AUTH FEE	1	10.00	10.00
TOTAL CHARGES: 1,385.00			
			BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554

**SHIPPER LOAD AND COUNT**

FREIGHT COLLECT

COPY NON-NEGOTIABLE

Carrier's Bill of Lading is subject to the provisions of the Carriage of Goods by Sea Act (COGSA) and the provisions of the Carriage of Goods by Air Act (CATA) and the provisions of the Carriage of Goods by Road Act (CORA) and the provisions of the Carriage of Goods by Rail Act (CARA) and the provisions of the Carriage of Goods by Inland Waterway Act (CIWA) and the provisions of the Carriage of Goods by Pipeline Act (CPA) and the provisions of the Carriage of Goods by Cable Act (CCA) and the provisions of the Carriage of Goods by Other Means Act (COA).

Ad Valorem - If Shipper declares a value in the space provided, Carrier's Bill of Lading will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rate charged by Carrier.

INSURED Value \$

act in Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignee, the consignee shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OF SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSFER OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

SEA STAR LINE, LLC

90472243009 P.05/28





# HOST FAX BILL OF LADING FOR INTERMODAL TRANSPORT ☒ Check One Box FOR PORT TO PORT SHIPMENT ☐

PLEASE  
REMIT  
TO

SEA STAR  
100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

## SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PR

SHIPPER NO.  
B01554535

CREDIT NO.

ZIP CODE  
00962

CONSIGNEE NO.  
B01554404

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

BOOKING NUMBER

MA565N-0610

EXPORT DEC.

BILL TO:

D10072

JL -JLM

## CONSIGNEE (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP  
\*\*\*\*\*CROSSDOCK\*\*\*\*\*  
4835 MENDENHALL  
MEMPHIS TN 38141

BAXTER HEALTHCARE CORP  
C/O SCHNEIDER LOGISTICS  
PO BOX 2000  
SUGAR GROVE IL 60554

## NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBIAN/LUIS VEGA ON ARRIVAL  
787-275-3013

NOTIFY PTY. NO.

EXPORT REFERENCES

RV80635 07-10-02

FORWARDING AGENT - REFERENCES

N/A

FMC NO.

0000-FF

## ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

## VESSEL (SEE CL. 2) VOYAGE NO.

MAYAGUEZ

FLAG

565N

PORT OF LOADING

SAN JUAN

## PORT OF DISCHARGE

JACKSONVILLE

DESTINATION INTERMODAL

MEMPHIS

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES

☐ NO

## CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NPRU655290-1

1X45HV

S/ 026057

NO OF PACKAGES

1279

PCS

HM

MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kilos)

8940.0

LB

MEASUREMENTS

0.00

CF

ORDERS: 52291655BA, 52312596BB, 52366329BB, 52392791BA,  
52444291BA, 52454677AA, 52458527AA, 52460419AB, 52493293AA,  
52500122BA, 52526074AA, 52536712AA, 52536713AA, 52548492AA,  
52549187AA, 52556309AA, 52556310AA

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

167 PCS

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

905 PCS

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS  
BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

108 PCS

155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX  
\$2330/4# (NMFC 060000 CL 70)

80 PCS

TOTAL NUMBER OF PACKAGES  
IMPORTANT: See Clause 6

TERMS: ☐ PREPAID ☒ COLLECT

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

BILL TO: ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

☐ NOTIFY PARTY

☒ OTHER

INSURANCE (See Tariff Reg.)

YES ☐

Values \$ Premium \$

DECLARED VALUE OVER \$500

per pkg. or unit \$ Extra Charge \$

RECEIVED for shipment, in external apparent good order and condition, in containers, other packages or units listed in the "Carrier's Receipt", issued by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of the B/L contract. The Carrier makes no representation regarding contents, weight or measurement.

NOTICE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

TH, INC.

ON BEHALF OF THE MASTER

DATE OF LADING

NAVA

DATE:

04/30/02

☐ N/B PICKUP

E Transport  
Authorized

TOTAL CHARGES >

PAGE: 001 OF 002

FORM # NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 6



## HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT  
FOR PORT TO PORT SHIPMENT☒ Check One BoxPLEASE  
REMIT  
TO

SEA STAR

100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

## SHIPPER EXPORTER (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PRSHIPPER NO.  
B01554535

CREDIT NO.

ZIP CODE  
00962CONSIGNEE NO.  
B01554497

BOOKING NUMBER

MA565N-0550

EXPORT DEC.

BILL TO:

D10072

DJ -DJW

## CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
ONTARIO DC(REL) C/O ALLEGIANCE  
4551 E PHILADELPHIA STREET  
ONTARIO CA 91761BAXTER HEALTHCARE CORP  
C/O SCHNEIDER LOGISTICS  
PO BOX 2000  
SUGAR GROVE IL 60554

## NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT  
P COBIAN / LUIS VEGA  
TEL :787-276-3013

NOTIFY PTY. NO.

EXPORT REFERENCES

RV60642

FORWARDING AGENT - REFERENCES

FMC NO.

## ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

## VESSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

MAYAGUEZ

565N

SAN JUAN

VESSEL TERMINAL

PUERTO NUEVO

## PORT OF DISCHARGE

JACKSONVILLE

DESTINATION INTERMODAL

ONTARIO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES ☐ NO

## CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NPRU655421-0

NO OF PACKAGES

178G

H/M MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL SUPPLIES

GROSS WEIGHT (Kiloo)

19322.0

LB

MEASUREMENTS

0.00

CF

1X45HV  
S/ 026059009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

679 PCS

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

169

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS  
BAGS IN BXS/PKG 97 (NMF 59380-6 CLS 55)

666

020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN  
BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)

80

031 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 2#/CF  
L/T 4#/CF (NMF 156600-3 CL 250)

66

088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR,  
IN BXS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)

60

TOTAL NUMBER OF PACKAGES  
IMPORTANT: See Clause 6

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

TERMS: ☐ PREPAID ☒ COLLECTBILL TO: ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE☐ NOTIFY PARTY☒ OTHERINSURANCE (See Tariff Reg.) YES ☐

Values \$ ..... Premium \$ .....

DECLARED VALUE OVER \$500

n pkg. or unit \$ ..... Extra Charge \$ .....

(FIVE) for shipment, in external apparent good condition, in addition, containers, other packages or units listed in the "Carrier's Receipt", and by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are a part of the B/L contract. The Carrier makes no representation regarding contents, weight or measurement.

NOTICE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

H, INC.

ON BEHALF OF THE MASTER

TELEPHONE NO.

NAVA

DATE

380-5647355

04/30/02

☐ N/B PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

PAGE: 001 OF 002

FORM # NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 2



## HOST FAX BILL OF LADING

 FOR INTERMODAL TRANSPORT  
 FOR PORT TO PORT SHIPMENT

 PLEASE  
 REMIT  
 TO

☒ Check One Box

SEA STAR

 100 BELL TEL WAY SUTIE 300  
 JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME &amp; ADDRESS)

 BAXTER HEALTHCARE CORP  
 RD 5 KM 27 4 EXT  
 EXPRESO DE DIEGO BO PALMAS  
 CATANO PR

SHIPPER NO.

B01554535

CREDIT NO.

 ZIP CODE  
 00962

CONSIGNEE NO.

B01554570

BOOKING NUMBER

MA565N-0570

BILL TO:

D10072

JL -JLM

BAXTER HEALTHCARE CORP

C/O SCHNEIDER LOGISTICS

PO BOX 2000

SUGAR GROVE IL 60554

EXPORT REFERENCES

RV80641

FORWARDING AGENT - REFERENCES

N/A

FMC NO.

0000-FF

CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

 KC KANSAS CITY DC REL  
 C/O ALLEGIANCE  
 11300 GLENWOOD ST  
 OVERLAND PARK KS 66211

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

 P COBIAN/LUIS VEGA ON ARRIVAL  
 787-275-3013

NOTIFY PTY. NO.

NOMINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

VESSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

MAYAGUEZ

565N

SAN JUAN

PORT OF DISCHARGE

DESTINATION INTERMODAL

JACKSONVILLE

OVERLAND PARK

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES

☐ NO

CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NPRU655501-1

1X45HV

S/ 026052

NO OF PACKAGES

1698

PCS

HM

MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kilos)

17727.0

LB

MEASUREMENTS

0.00

CF

ORDERS: 52556300AA, 52556301AA, 3122, 830749360

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175) 140 PCS

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
 5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100) 893 PCS

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS  
 BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55) 511 PCS

020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN  
 BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60) 37 PCS

031 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 2#/CF  
 I/T 4#/CF (NMF 156600-3 CL 250) 1 PCS

155 DRUGS/CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX 80 PCS

 TAIL NUMBER OF B/L UNIT  
 IMPORTANT: See Clause 6
RMS: > ☐ PREPAID ☒ COLLECT

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

BILL TO: > ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

☐ NOTIFY PARTY☒ OTHERINSURANCE (See Tariff Reg.) YES ☐

Dues \$ ..... Premium \$ .....

DECLARED VALUE OVER \$500

pkg. or unit \$ ..... Extra Charge \$ .....

FIVE (5) for shipment, in external apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt", by the Shipper to contain the goods described in "Particulars Issued by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of B/L contract. The Carrier makes presentation regarding contents, weight or measurement.

ICE. BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS ORIGINAL INLAND/OCEAN BILL OF LADING.

, INC. ON BEHALF OF THE MASTER

OFF LADING NO

NAVA

DATE:

04/30/02

☐ NB PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

AGE: 001 OF 002

IM # NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 9

**SEA STAR LINE, LLC**

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R. 00982		TAX BOND NO.	BL NO. SJUELY257PEV020	Date:
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA59831) 3205 MERIDIAN PARKWAY WESTON, FL 33331		EXPORT REFERENCES RV# 80840		SHIPPER REFERENCE NO. MG04877
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) MANUEL FERNANDEZ () PHONE# 954-349-9988		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC.		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL EL YUNQUE	VOY. NO. 257	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN
PORT OF DISCHARGE PORT EVERGLADES, FL.		PLACE OF DELIVERY WESTON, FL		FINAL DESTINATION OF GOODS (NOT VESSEL) WESTON, FL

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
-------------------	------------	-----------------------------------	--------------	-------------

UNIT NO: STRU4560100 SEAL 1: 2262  TIR# 109145	1	45HC STC: 1,457 CS MEDICAL SUPPLIES APPT: 5/8/02 AT: 9:00 A.M. TR/DR	11,032	
---	---	---	--------	--

RIFF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
PORT NORTHBOUND	1 625.00	625.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LINKER SURCHARGE	1 125.00	125.00	LOGISTICS PAYMENT SERVICES
AUTH FEE	1 10.00	10.00	PO BOX 2000
			SUGAR GROVE
			IL 60554
		TOTAL CHARGES: 760.00	

## SHIPPER LOAD AND COUNT

## FREIGHT COLLECT

## COPY NON-NEGOTIABLE

Carrier's \$500 limitation of liability per container shall apply, unless Carrier's limit provided for shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side of this bill of lading. Options (A) or (B) below.

A) Valuation - If shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem fee for shipper's cargo.

Declared Value \$

Insurance Coverage - See Clause 23 on the reverse side and applicable bill to determine whether shipper's cargo can be insured. If cargo can be insured, shipper requests Carrier's limited cargo insurance at the applicable rate charged by Carrier.

B) No Insured Value \$

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. SHIPPER HAS NOT INSPECTED CONTENTS OR SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORT OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED \_\_\_\_\_ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY SEA STAR LINE, LLC

9047243009 P.03/28

Signature of

JUL-20-2007 10:51:44





## HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT  
FOR PORT TO PORT SHIPMENTPLEASE  
REMIT  
TO

SEA STAR

100 BELL TEL WAY SUTIE 300  
JACKSONVILLE, FL 32216☒ Check One Box

SHIPPER EXPORTER (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PRSHIPPER NO.  
B01554535

CREDIT NO.

ZIP CODE  
00962CONSIGNEE NO.  
B01554544

CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

ONTARIO DC  
C-O ALLEGIANCE  
4551 E PHILADELPHIA ST  
ONTARIO CA 91761

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBIAN / LUIS VEGA  
787-276-3013

NOTIFY PTY. NO.

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

BOOKING NUMBER

MA565N-0550

EXPORT DEC.

BILL TO:

D10072

DJ -DJW

BAXTER HEALTHCARE CORP  
C/O SCHNEIDER LOGISTICS  
PO BOX 2000  
SUGAR GROVE IL 60554

EXPORT REFERENCES

RV80639

FORWARDING AGENT - REFERENCES

FMC NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

MAYAGUEZ

565N

SAN JUAN

PORT OF DISCHARGE

DESTINATION INTERMODAL

JACKSONVILLE

ONTARIO

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES ☐ NO

CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NPRU655169-6  
1X45HV  
S/ 26058

NO. OF PACKAGES

1481  
PKG

HM

MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL SUPPLIES

GROSS WEIGHT (Kilob)

19439.0  
LB

MEASUREMENTS

0.00  
CF

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 89 PCS  
5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 280 PCS  
5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS 1112 PCS  
BAGS IN BXS/PKG 97 (NMF 59380-6 CLS 55)

TOTAL NUMBER OF PKGS OR UNITS  
IMPORTANT: See Clause 6TERMS: > ☐ PREPAID ☒ COLLECTSURANCE (See Tariff Reg.) YES ☐ Premium \$

Declared Value Over \$500

Per pkg. or unit \$ Extra Charge \$

OF B/L for shipment, in accordance with apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt", which are shipped by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have been verified by the Carrier and are a part of the B/L contract. The Carrier makes no representation regarding contents, weight or measurements.

NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

BY, INC.

ON BEHALF OF THE MASTER

BY, INC.

NAVA

DATE:

01/30/02

☐ N/B PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

PAGE: 001 OF 001

RM # NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 8



**SEA STAR LINE, LLC**

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R. 00962		TAX BOND NO.	BL NO. SJUELY257JAX021	Date:
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		EXPORT REFERENCES RV# 80538		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ATTN: KAY UTTER () PHONE: 847-578-5921 DELIVER: 5/07/02 AT (8:00AM)		BOOKING NUMBER MG04870		SHIPPER REFERENCE NO.
PIER SAN JUAN, PR		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
VESSEL VOY. NO EL YUNQUE 257 N		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
FLAG UNITED STATES	PLACE OF RECEIPT			
PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN			
PORT OF DISCHARGE JACKSONVILLE, FL	PLACE OF DELIVERY WAUKEGAN, IL	FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL		

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
-------------------	------------	-----------------------------------	--------------	-------------

UNIT NO: NPRU8550426 SEAL 1: 002218 IR# D89014	1	45HC STC: 44 PALLETS 2,100 PIECES MEDICAL DEVICES RV#80638 TR/DR	19,537	
--	---	---	--------	--

REF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
FRT NORTHBOUND	1 1,250.00	1,250.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554
WKR SURCHARGE	1 125.00	125.00	
AUTH FEE	1 10.00	10.00	
TOTAL CHARGES: 1,385.00			

## SHIPPER LOAD AND COUNT

## FREIGHT COLLECT

## COPY NON-NEGOTIABLE

Carrier's good faith limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 27 and 28 on the reverse side or Shipper selects Option (A) or (B) below.

Ad Valorem - If Shipper declares a value in the space provided, Carrier's good faith limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper chooses Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Insured Value \$

In Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following. The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Signature of

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OF SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2002

BY

SEA STAR LINE, LLC

90472243009 P.05/28



# HOST FAX BILL OF LADING FOR INTERMODAL TRANSPORT ☒ Check One Box FOR PORT TO PORT SHIPMENT ☐

PLEASE  
REMIT  
TO

SEA STAR  
100 BELL TEL WAY SUTIE 300  
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS) <b>BAXTER HEALTHCARE CORP</b> <b>RD 5 KM 27 4 EXT</b> <b>EXPRESO DE DIEGO BO PALMAS</b> <b>CATANO</b> <b>PR</b>		SHIPPER NO. <b>B01554535</b>		BOOKING NUMBER <b>MA565N-0610</b>		EXPORT DEC.	
CONSIGNEE (COMPLETE NAME & ADDRESS) <b>BAXTER HEALTHCARE CORP</b> <b>*****CROSSDOCK*****</b> <b>4835 MENDENHALL</b> <b>MEMPHIS</b> <b>TN 38141</b>		CREDIT NO.		BILL TO: <b>D10072</b> <b>JL -JLM</b>			
NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS) <b>P COBIAN/LUIS VEGA ON ARRIVAL</b> <b>787-275-3013</b>		NOTIFY PTY. NO.		EXPORT REFERENCES <b>RV80635</b> <b>07-10-02</b>			
ORIGINATING CARRIER - INTERMODAL		PLACE OF ORIGIN - INTERMODAL <b>SAN JUAN</b>		CITY, STATE AND COUNTRY OF ORIGIN <b>CATANO, PR CAR</b>			
VESSEL (SEE CL. 2) VOYAGE NO. <b>MAYAGUEZ</b> <b>565N</b>		PORT OF LOADING <b>SAN JUAN</b>		VESSEL TERMINAL <b>PUERTO NUEVO</b>			
PORT OF DISCHARGE <b>JACKSONVILLE</b>		DESTINATION INTERMODAL <b>MEMPHIS</b>		ROUTING FROM DISCHARGE TERMINAL		CONTAINERIZED (Vessel Only) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CARRIER'S RECEIPT CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK) <b>NPRU655290-1</b> <b>1X45HV</b> <b>S/ 026057</b>		NO OF PACKAGES <b>1279</b> <b>PCS</b>		PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF <b>MEDICAL PRODUCTS</b>		GROSS WEIGHT (Kilos) <b>8940.0</b> <b>LB</b>	
		MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L				MEASUREMENTS <b>0.00</b> <b>CF</b>	
		ORDERS: 52291655BA, 52312596BB, 52366329BB, 52392791BA, 52444291BA, 52454677AA, 52458527AA, 52460419AB, 52493293AA, 52500122BA, 52526074AA, 52536712AA, 52536713AA, 52548492AA, 52549187AA, 52556309AA, 52556310AA					
		009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W OR W/O SOL. (NMF 567900-1 CL 175)				167 PCS	
		010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)				905 PCS	
		011 SOLUTIONS, I.V. NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMF 59380-6 CLS 55)				108 PCS	
		155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX 5230/# (NMF 060000 CL 70)				80 PCS	
TAL NUMBER OF PACKAGES IMPORTANT: See Clause 6		THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION		DIVISION CONTRARY TO U.S. LAW PROHIBITED			
TERMS: <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT		BILL TO: <input type="checkbox"/> SHIPPER <input type="checkbox"/> FORWARDER <input type="checkbox"/> CONSIGNEE		<input type="checkbox"/> NOTIFY PARTY <input checked="" type="checkbox"/> OTHER			
SURANCE (See Tariff Reg.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		OCEAN FREIGHT & ACCESSORIAL CHARGES		PREPAID		COLLECT	
Fees \$ ..... Premium \$ ..... DECLARED VALUE OVER \$500 pkg. or unit \$ ..... Extra Charge \$ .....							
FIFTY for shipment, in external apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt" (by the Shipper) to contain the goods described in "Particulars" listed by Shipper, which Particulars, including weight and measurement, have been verified by the Carrier and are not part of B/L contract. The Carrier makes representation regarding contents, weight or measurement.							
NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. CERTAIN NATURE OF CARRIER ON THIS COPY AND REMAIN AS IN ORIGINAL INLAND/OCEAN BILL OF LADING.							
I, INC.		ON BEHALF OF THE MASTER					
DATE: <b>04/30/02</b>		<input type="checkbox"/> N/B PICKUP		<input checked="" type="checkbox"/> Transport Auto Rated		TOTAL CHARGES >	
PAGE: 001 OF 002 M # NPR, INC. - 1897							

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 6



# HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT ☒ Check One Box  
FOR PORT TO PORT SHIPMENT ☐

PLEASE  
REMIT  
TO

SEA STAR  
100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PR

SHIPPER NO.

B01554535

CREDIT NO.

ZIP CODE

00962

CONSIGNEE NO.

B01554453

NOTIFY PTY. NO.

B/L#RV80627

(SPACES BELOW FOR SHIPPER'S MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

BOOKING NUMBER

HU567N-0290

EXPORT DEC.

CORRECTION \*\*\* 07/10/02 NE -NEC

CONSIGNEE (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP  
NORTHEAST DISTRIBUTION CENTER  
390 COUNTY HIGHWAY 99  
MONTGOMERY NY 12549

BAXTER HEALTHCARE CORP

C/O SCHNEIDER LOGISTICS

PO BOX 2000

SUGAR GROVE IL 60554

EXPORT REFERENCES

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT

P COBIAN/LUIS VEGA AT

787-275-3013

FORWARDING AGENT - REFERENCES

FMC NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

HUMACAO

567N

PORT OF LOADING

SAN JUAN

VESSEL TERMINAL

PUERTO NUEVO

PORT OF DISCHARGE

ELIZABETH

DESTINATION INTERMODAL

MONTGOMERY

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES ☐ NO

CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NPRU655171-5

1X45HV

S/ 026084

NO OF PACKAGES

267

PCS

MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kiloo)

20288.0

LB

MEASUREMENTS

0.00

CF

ORDERS: 52536702\*AA 52536703\*AA 3111

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS

5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

PIECES

410

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS

5#/CF+, W OR W/O SOL. (NMF 56790-2 CL 100)

358

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS

BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

1334

020 BAGS/PNV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN

BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)

57

088 BAGS/PNV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR,

IN BXS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)

60

155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX

160

TOTAL NUMBER OF PACKAGES  
IMPORTANT: See Clause 6

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

OR VIOLATION CONTRARY TO U.S. LAW PROHIBITED

TERMS: ☐ PREPAID ☒ COLLECT

BILL TO: ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE

☐ NOTIFY PARTY

☒ OTHER

INSURANCE (See Tariff Reg.) YES ☐

Values \$ ..... Premium \$ .....  
DECLARED VALUE OVER \$500

or pkg. or unit \$ ..... Extra Charge \$ .....

(FIFTY) for shipment, in external apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt", d by the Shipper to contain the goods described in "Particulars rished by Shipper", which Particulars, including weight and asurement, have not been verified by the Carrier and are not part of s B/L contract. The Carrier makes representation regarding contents, weight or measurement.

NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS UR ORIGINAL INLAND/OCEAN BILL OF LADING.

H, INC. ON BEHALF OF THE MASTER

1 OF LADING NO

NAVA

DATE:

380-5646342A1

04/29/02

☐ NB PICKUP

Transport  
Authorized

TOTAL CHARGES >

PAGE: 001 OF 002

WM # NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 1



## HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT  
FOR PORT TO PORT SHIPMENTPLEASE  
REMIT  
TO☒ Check One Box

SEA STAR

100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PR

SHIPPER NO.

B01554535

CREDIT NO.

ZIP CODE  
00962

CONSIGNEE NO.

B01554484

CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

SOLON DC RED  
C/O ALLEGIANCE  
5260 NAIMAN PARKWAY  
SOLON OH 44139

NOTIFY PTY. NO.

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT  
P COBIAN/LUIS VEGA AT  
787-275-3013

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

BOOKING NUMBER

HU567N-0540

EXPORT DEC.

BILL TO:

D10072

VE -VEM

BAXTER HEALTHCARE CORP

C/O SCHNEIDER LOGISTICS

PO BOX 2000

SUGAR GROVE IL 60554

EXPORT REFERENCES

B/L#RV80620

FORWARDING AGENT - REFERENCES

FMC NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CAROLINA, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

HUMACAO

FLAG

567N

PORT OF LOADING

SAN JUAN

PORT OF DISCHARGE

ELIZABETH

DESTINATION INTERMODAL

SOLON

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES ☐ NO

CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OF MARK IF BREAK BULK)

GESU400011-1

1X45HV

S/ 026084

NO OF PACKAGES

1571

PCS

HM MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kiloo)

19553.0

LB

MEASUREMENTS

0.00

CF

PIECES

321

671

489

88

30

140

ORDERS 52536672\*AA 52536673\*AA

009 KITS/SETS IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS

5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

010 KITS/SETS IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS

5#/CF+, W OR W/O SOL. (NMF 56790-2 CL 100)

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS

BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN

BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)

031 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 2#/CF

L/T 4#/CF (NMF 156600-3 CL 250)

155 DRUGS, CHEMICALS, MEDICINES &amp; OTHER ARTICLES, RVNX

TOTAL NUMBER OF PACKAGES (UNIT)  
IMPORTANT: See Clause 8

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

TERMS: > ☐ PREPAID ☒ COLLECTBILL TO: > ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE☐ NOTIFY PARTY☒ OTHER

INSURANCE (See Tariff Reg.)

YES ☐

Values \$ Premium \$

DECLARED VALUE CWT \$2000

or pkg. or unit \$ Extra Charge \$

DEFINITION for shipment, in external apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt", as by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of its B/L contract. The Carrier makes no representation regarding contents, weight or measurement.

NOTICE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

PH, INC.

ON BEHALF OF THE MASTER

I OF LADING NO

NAVA

DATE:

04/29/02

☐ N/B PICKUPE Transport  
Amortized

TOTAL CHARGES &gt;

PAGE: 001 OF 002

M# NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 3





# **HOST FAX BILL OF LADING** FOR INTERMODAL TRANSPORT ☒ Check One Box FOR PORT TO PORT SHIPMENT ☐

PLEASE  
REMIT  
10

**SEA STAR**  
100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS) <b>BAXTER HEALTHCARE CORP</b> RD 5 KM 27 4 EXT EXPRESO DE DIEGO BO PALMAS CATANO PR		SHIPPER NO. <b>B01554535</b>	BOOKING NUMBER <b>HU567N-0450</b>	EXPORT DEC.
CONSIGNEE (COMPLETE NAME & ADDRESS) <b>BAXTER HEALTHCARE CORP</b> C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549		CREDIT NO.	BILL TO: <b>D10072</b>	<b>VE -VEM</b>
NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS) <b>UPON ARRIVAL PLEASE CONTACT</b> <b>P COBIAN/LUIS VEGA AT</b> <b>787-275-3013</b>		ZIP CODE <b>00962</b>	EXPORT REFERENCES <b>B/L#RV80598 7-10-02</b>	
NOTIFY PTY. NO.		CONSIGNEE NO. <b>B01554453</b>	FORWARDING AGENT - REFERENCES <b>N/A</b>	
			FMC NO. <b>0000-FF</b>	

ORIGINATING CARRIER - INTERMODAL	PLACE OF ORIGIN - INTERMODAL <b>SAN JUAN</b>	CITY, STATE AND COUNTRY OF ORIGIN <b>CATANO, PR CAR</b>
ESSEL (SEE CL. 2) VOYAGE NO. <b>HUMACAO</b>	FLAG <b>567N</b>	PORT OF LOADING <b>SAN JUAN</b>
PORT OF DISCHARGE <b>ELIZABETH</b>	DESTINATION - INTERMODAL <b>MONTGOMERY</b>	VESSEL TERMINAL <b>PUERTO NUEVO</b>
ROUTING FROM DISCHARGE TERMINAL		CONTAINERIZED (Vessel Only) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

CARRIER'S RECEIPT CONTAINER NO. AND SEAL (OR MARK IF BREAK BLANK) <b>GESU400211-4</b> <b>1X45HV</b> <b>S/ 026037</b>		NO OF PACKAGES <b>2134</b> <b>PCS</b>	PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF ITEM MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS - NOT PART OF B/L <b>MEDICAL PRODUCTS</b>		GROSS WEIGHT (Kilograms) <b>24616.0</b> <b>LB</b>	MEASUREMENTS <b>0.00</b> <b>CF</b>
ORDERS; 52523246*AA 52523247*AA 830673815				PIECES <b>306</b>		
009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W/ OR W/O SOL (NMF 567900-1 CL 175)				<b>273</b>		
010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)				<b>1174</b>		
011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)				<b>54</b>		
020 BAGS/ENV/PCRTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)				<b>55</b>		
088 BAGS/ENV/PCRTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR, IN BXS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)				<b>240</b>		
155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX						

TERMS: <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT		BILL TO: <input type="checkbox"/> SHIPPER <input type="checkbox"/> FORWARDER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> NOTIFY PARTY <input checked="" type="checkbox"/> OTHER	
INSURANCE (See Tariff Reg.) YES <input type="checkbox"/> NO <input type="checkbox"/>		OCEAN FREIGHT & ACCESSORIAL CHARGES	
values \$ ..... Premium \$ .....		PREPAID	
DECLARED VALUE OVER \$500		COLLECT	
if pkg. or unit \$ ..... Extra Charge \$ .....			
NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND OCEAN BILL OF LADING.			

H, INC. ON BEHALF OF THE MASTER

LOADING NO **NAVA** DATE: **04/29/02**  
**380-5646386**

☐ N/B PICKUP

☒ Transport  
Authorized

TOTAL CHARGES

PAGE: 001 OF 002

FORM # NPR, INC. - 1897

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 1





# **HOST FAX BILL OF LADING** FOR INTERMODAL TRANSPORT ☒ Check One Box FOR PORT TO PORT SHIPMENT ☐

**SEA STAR**  
**100 BELL TEL WAY SUITE 300**  
**JACKSONVILLE, FL 32216**

## **SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)**

**BAXTER HEALTHCARE CORP**  
**RD 5 KM 27 4 EXT**  
**EXPRESO DE DIEGO BO PALMAS**  
**CATANO PR**

## **SHIPPER NO.**

**B01554535**

## **CREDIT NO.**

**00962**

## **ZIP CODE**

**00962**

## **CONSIGNEE NO.**

**B01554453**

## **CONSIGNEE (COMPLETE NAME & ADDRESS)**

**BAXTER HEALTHCARE CORP**  
**NORTHEAST DISTRIBUTION CENTER**  
**390 COUNTY HIGHWAY 99**  
**MONTGOMERY NY 12549**

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

## **BOOKING NUMBER**

**HU567N-0290**

## **EXPORT DEC.**

**CORRECTION \*\*\* 07/10/02 NE -NEC**

**BAXTER HEALTHCARE CORP**

**C/O SCHNEIDER LOGISTICS**

**PO BOX 2000**

**SUGAR GROVE IL 60554**

## **EXPORT REFERENCES**

**B/L#RV80627**

## **FORWARDING AGENT - REFERENCES**

**FMC NO.**

## **NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)**

**UPON ARRIVAL PLEASE CONTACT**  
**P COBIAN/LUIS VEGA AT**  
**787-275-3013**

## **NOTIFY PTY. NO.**

## **ORIGINATING CARRIER - INTERMODAL**

## **PLACE OF ORIGIN - INTERMODAL**

**SAN JUAN**

## **VESSEL (SEE CL. 2) VOYAGE NO.**

**HUMACAO**

**567N**

## **PORT OF LOADING**

**SAN JUAN**

## **PORT OF DISCHARGE**

**ELIZABETH**

## **DESTINATION INTERMODAL**

**MONTGOMERY**

## **CITY, STATE AND COUNTRY OF ORIGIN**

**CATANO, PR CAR**

## **VESSEL TERMINAL**

**PUERTO NUEVO**

## **ROUTING FROM DISCHARGE TERMINAL**

**CONTAINERIZED (Vessel Only)**

☒ YES ☐ NO

## **CARRIER'S RECEIPT**

**CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)**

**NPRU655171-5**

**1X45HV**

**S/ 026084**

## **NO. OF PACKAGES**

**267**

**PCS**

## **PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF**

**MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS, NOT PART OF B/L**

**MEDICAL PRODUCTS**

## **GROSS WEIGHT (Kilos)**

**20288.0**

**LB**

## **MEASUREMENTS**

**0.00**

**CF**

**ORDERS: 52536702\*AA 52536703\*AA 3111**

**009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS**

**5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)**

**PIECES**

**410**

**010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS**

**5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)**

**358**

**011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS**

**BAGS IN BXS/PKG 97 (NMF 59380-6 CLS 55)**

**1334**

**020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN**

**BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)**

**57**

**088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR,**

**IN FKS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)**

**60**

**155 DRUGS/CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX**

**160**

**TOTAL NUMBER OF UNITS**

**IMPORTANT: See Clause 6**

**RMS: > ☐ PREPAID ☒ COLLECT**

**SURANCE (See Tariff Reg.) YES ☐**

**Ins \$ Premium \$**

**DECLARED VALUE OVER \$500**

**pkg. or unit \$ Extra Charge \$**

**NOTE: For shipment, in external apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt" by the Shipper to contain the goods described in "Particulars" listed by Shipper, which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of B/L contract. The Carrier makes no representation regarding contents, weight or measurement.**

**NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN NATURE OF CARRIER ON THIS COPY AND RETAIN AS ORIGINAL INLAND/OCEAN BILL OF LADING.**

**I, INC. ON BEHALF OF THE MASTER**

## **OF LADING NO**

**NAVA**

## **DATE:**

**04/29/02**

☐ N/A PICKUP

**Transport**

**TOTAL CHARGES >**

**PAGE: 001 OF 002**

**IM # NPR, INC. - 1997**

**IMPORTANT! READ CLAUSES ON REVERSE SIDE. 1**



# **HOST FAX BILL OF LADING** FOR INTERMODAL TRANSPORT ☒ Check One Box FOR PORT TO PORT SHIPMENT ☐

**SEA STAR**  
**100 BELL TEL WAY SUITE 300**  
**JACKSONVILLE, FL 32216**

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS) <b>BAXTER HEALTHCARE CORP</b> <b>RD 5 KM 27 4 EXT</b> <b>EXPRESO DE DIEGO BO PALMAS</b> <b>CATANO</b> <b>PR</b>		SHIPPER NO. <b>B01554535</b>	BOOKING NUMBER <b>HU567N-0540</b>	EXPORT DEC.
INSIGNIFF (COMPLETE NAME & ADDRESS) <b>SOLO DC RED</b> <b>C/O ALLEGIANCE</b> <b>5260 NAIMAN PARKWAY</b> <b>SOLO</b> <b>OH 44139</b>		CREDIT NO.	BILL TO: <b>D10072</b> <b>VE -VEM</b>	
NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS) <b>UPON ARRIVAL PLEASE CONTACT</b> <b>P COBIAN/LUIS VEGA AT</b> <b>787-275-3013</b>		ZIP CODE <b>00962</b>	BAXTER HEALTHCARE CORP C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE IL 60554	
		CONSIGNEE NO. <b>B01554484</b>	EXPORT REFERENCES <b>B/L#RV80620</b>	
		NOTIFY PTY. NO.	FORWARDING AGENT - REFERENCES	
			FMC NO.	

ORIGINATING CARRIER - INTERMODAL	PLACE OF ORIGIN - INTERMODAL <b>SAN JUAN</b>	CITY, STATE AND COUNTRY OF ORIGIN <b>CAROLINA, PR CAR</b>
SSSEL (SEE CL. 2) VOYAGE NO. <b>HUMACAO</b>	FLAG <b>567N</b>	VESSEL TERMINAL <b>PUERTO NUEVO</b>
RT OF DISCHARGE <b>ELIZABETH</b>	PORT OF LOADING <b>SAN JUAN</b>	ROUTING FROM DISCHARGE TERMINAL
	DESTINATION INTERMODAL <b>SOLO</b>	CONTAINERIZED (Vessel Only) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

CARRIER'S RECEIPT ITINER NO. AND SEAL OF MARK <b>GESU400011-1</b> <b>1X45HV</b> <b>S/ 026081</b>		NO. OF PACKAGES <b>1571</b> <b>PCS</b>	PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF	
		HM	MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L <b>MEDICAL PRODUCTS</b>	GROSS WEIGHT (Kiloo) <b>19553.0</b> <b>LB</b>
				MEASUREMENTS <b>0.00</b> <b>CF</b>
				PIECES <b>321</b>
				<b>671</b>
				<b>489</b>
				<b>88</b>
				<b>30</b>
				<b>140</b>

AL NUMBER OF DRUGS OR CHEMICALS <b>155</b>	THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION <b>BILL TO: &gt; <input type="checkbox"/> SHIPPER <input type="checkbox"/> FORWARDER <input type="checkbox"/> CONSIGNEE</b>	DIVERSION CONTRARY TO U.S. LAW PROHIBITED <input type="checkbox"/> NOTIFY PARTY <input checked="" type="checkbox"/> OTHER
---	--	--

RMS: > <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT	OCEAN FREIGHT & ACCESSORIAL CHARGES	PREPAID	COLLECT
---	-------------------------------------	---------	---------

URANCE (See Tariff Reg.) YES ☐ PREMIUM \$

DECLARED VALUE OVER \$500

pkg. or unit \$ Extra Charge \$

NOTE: For shipment in external apparent good condition and condition, in containers, other packages or units listed in the "Carrier's Receipt", by the Shipper to contain the goods described in "Particulars" shall be verified by the Carrier and are not part of B/L contract. The Carrier makes presentation regarding contents, weight or measurement.

BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS ORIGINAL INLAND/OCEAN BILL OF LADING.

INC. ON BEHALF OF THE MASTER

FLADING NO **NAVA** DATE: **04/29/02**

**380-5646401**

AGE: **001 OF 002**

M # NPR, INC. - 1997

☐ NB PICKUP

**E Transport**  
Autofax

TOTAL CHARGES >

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 3



# HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT  
FOR PORT TO PORT SHIPMENT

PLEASE  
REMIT  
10

SEA STAR  
100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

☒ Check One Box

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PR

SHIPPER NO.  
B01554535

BOOKING NUMBER  
HU567N-0450

EXPORT DEC.

CREDIT NO.  
ZIP CODE  
00962

BILL TO: D10072 VE -VEM

CONSIGNEE (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP  
C/O ALLEGIANCE  
390 COUNTY HIGHWAY 99  
MONTGOMERY NY 12549

CONSIGNEE NO.  
B01554453

BAXTER HEALTHCARE CORP  
C/O SCHNEIDER LOGISTICS  
PO BOX 2000  
SUGAR GROVE IL 60554

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT  
P COBIAN/LUIS VEGA AT  
787-275-3013

NOTIFY PTY. NO.

EXPORT REFERENCES

B/L#RV80598 7-10-02

FORWARDING AGENT - REFERENCES

N/A

FMC NO.

0000-FF

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

VESSEL (SEE CL 2) VOYAGE NO.

FLAG

PORT OF LOADING

HUMACAO

567N

SAN JUAN

PORT OF DISCHARGE

ELIZABETH

DESTINATION INTERMODAL

MONTGOMERY

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES

☐ NO

CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

GESU400211-4  
1X45HV  
S/ 026037

NO OF PACKAGES

2134  
PCS

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kilos)

24616.0  
LB

MEASUREMENTS

0.00  
CF

ORDERS; 52523246\*AA 52523247\*AA 830673815

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF, W/ OR W/O SOL (NMF 567900-1 CL 175)

PIECES  
306

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

273

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS  
BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

1174

020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN  
BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)

54

088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR,  
IN BXS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)

55

155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX

240

OTHER NUMBER OF UNITS

IMPORTANT: See Clause 8

TERMS: ☐ PREPAID ☒ COLLECT

INSURANCE (See Tariff Reg.) YES ☐

DECLARED VALUE OVER \$500

per pkg. or unit \$ Extra Charge \$

CEIVED for shipment, in external apparent good order and condition,

containers, other packages or units listed in the "Carrier's Receipt",

delivered by the Shipper to contain the goods described in "Particulars

furnished by Shipper", which Particulars, including weight and

measurement, have not been verified by the Carrier and are not part of

the B/L contract. The Carrier makes

no representation regarding contents, weight or measurement.

NOTICE: BE SURE TO READ THE TERMS OF THIS BILL OF

LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN

SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS

YOUR ORIGINAL INLAND OCEAN BILL OF LADING.

H, INC.

ON BEHALF OF THE MASTER

DATE: 04/29/02

380-5646386

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